

ARIZONA STATE VETERINARY MEDICAL EXAMINING BOARD
1740 W. ADAMS ST., SUITE 4600, PHOENIX, ARIZONA 85007
PHONE (602) 364-1PET (1738) FAX (602) 364-1039
VETBOARD.AZ.GOV

COMPLAINT INVESTIGATION FORM

If there is an issue with more than one veterinarian please file a separate Complaint Investigation Form for each veterinarian

PLEASE PRINT OR TYPE

FOR OFFICE USE ONLY

Date Received: Aug 11, 2024 Case Number: 22-10

A. THIS COMPLAINT IS FILED AGAINST THE FOLLOWING:

Name of Veterinarian/CVT: Megan Buscema
Premise Name: Gilbert Queen Creek Emergency Veterinarian
Premise Address: 18610 East Rittenhouse Road, Building B
City: Queen Creek State: AZ Zip Code: 85142
Telephone: (480) 674-3200

B. INFORMATION REGARDING THE INDIVIDUAL FILING COMPLAINT*:

Name: David R. Odiome
Address: [REDACTED]
City: [REDACTED] State: [REDACTED] Zip Code: [REDACTED]
Home Telephone: [REDACTED] Cell Telephone: [REDACTED]

***STATE LAW REQUIRES WE HAVE TO DISCLOSE YOUR NAME UNLESS WE CAN SHOW THAT DISCLOSURE WILL RESULT IN SUBSTANTIAL HARM TO YOU, SOMEONE ELSE OR THE PUBLIC PER A.R.S. § 41-1010. IF YOU HAVE REASON TO BELIEVE THAT SUBSTANTIAL HARM WILL RESULT IN DISCLOSURE OF YOUR NAME PLEASE PROVIDE COPIES OF RESTRAINING ORDERS OR OTHER DOCUMENTATION.**

C. PATIENT INFORMATION (1):

Name: Tony

Breed/Species: Poodle mix / canine

Age: 6 Sex: Male Color: Champaign

PATIENT INFORMATION (2):

Name: _____

Breed/Species: _____

Age: _____ Sex: _____ Color: _____

D. VETERINARIANS WHO HAVE PROVIDED CARE TO THIS PET FOR THIS ISSUE:

Please provide the name, address and phone number for each veterinarian.

Megan Buscema, DVM — Gilbert Queen Creek Emergency Veterinarian
18610 E Rittenhouse Road, Building B, Queen Creek, AZ 85142 — 480-674-3200

Kimberly Draper, DVM — Ironwood Animal Hospital
85 W Coombs Road, Queen Creek, AZ 85140 — 480-888-2299

E. WITNESS INFORMATION:

Please provide the name, address and phone number of each witness that has direct knowledge regarding this case.

Gloria Odiorne, _____

Erin Greenwood, DVM, Gilbert Queen Creek Emergency Veterinarian
18610 E Rittenhouse Road, Building B, Queen Creek, AZ 85142 — 480-674-3200

Various staff members at Gilbert Queen Creek Emergency Veterinarian. I do not have names

Attestation of Person Requesting Investigation

By signing this form, I declare that the information contained herein is true and accurate to the best of my knowledge. Further, I authorize the release of any and all medical records or information necessary to complete the investigation of this case.

Signature: 

Date: August 10, 2021

F. ALLEGATIONS and/or CONCERNS:

Please provide all information that you feel is relevant to the complaint. This portion must be either typewritten or clearly printed in ink.

During and subsequent to a patient encounter on August 7, 2021, Dr. Megan Buscema exhibited unprofessional conduct as defined at:

ARS Article 3, 32-2232

11. Malpractice, gross incompetence or gross negligence in the practice of veterinary medicine

12. Violation of the ethics of the professional as defined by rules adopted by the Board.

22. Medical incompetence in the practice of veterinary medicine

During the same encounter, Dr. Buscema violated Board Administrative Rules, Article 5, Standards of Practice

R3-11-501 – 1 Failure to show respect for the owner of an animal to whom the veterinary medical services are being provided.

R3-11-502 – E This rule may not strictly apply, as this was not a surgical patient and was not hospitalized. Nevertheless, Dr. Buscema failed to provide recommendations detailing care and/or follow up subsequent to the encounter.

I ask that the Board take such action as it may deem appropriate under ARS Article 7, 32-2232, A.1. In addition, I ask that the Board direct Dr. Buscema to refund the amount of \$875.13, representing the amount paid for services rendered relative to the encounter at issue (invoice attached).

On August 7, 2021, I brought my dog to the Gilbert Queen Creek Emergency Veterinarian with a chief complaint of moderate to severe recurring cough. Dr. Buscema briefly examined the patient and ordered a Valley Fever test, blood chemistry, CBC, and imaging. Sometime later, she returned to report that the Valley Fever test was negative and that her examination, the blood work and the imaging suggested a differential diagnosis of collapsing trachea, undefined gall bladder problem, heart murmur, and cardiomegaly. She stated that she would prepare recommendations, which would include referral to a cardiologist, and return shortly to discuss them.

One hour later, a staff member presented with medications (a cough suppressant and a cardiac medication which was to be taken twice daily for the rest of the dog's life). We were told that Dr. Buscema was too busy to meet with us and would email her recommendations to me later in the day. We were given no opportunity to ask questions or discuss follow up, prognosis, etc. We were in the office approximately 5 hours and spent less than 10 minutes with Dr. Buscema.

Over the course of the following two days, I repeatedly contacted the office asking that Dr. Buscema contact me (text messages attached). She never did. Around noon on the third day, Dr. Erin Greenwood, medical director of the clinic, called me and attempted to answer my questions. Although she seemed sincere in her attempt to assist, having never seen the patient and being only minimally familiar with the case, she was of little help. In response to my question, she did indicate that the records do not reflect any cardiac mensuration in support of a diagnosis of cardiomegaly.

Fortunately, Tony was able to see his regular veterinarian on 8/10/21 and is now in good hands. I appreciate your consideration of this matter and would be happy to answer any questions you may have.



**Gilbert
Queen
Creek**
**Emergency
Veterinarian**

18610 East Rittenhouse Road
Building B
Queen Creek, AZ 85142

Megan Buscema, DVM
Gilbert Queen Creek Emergency Veterinarian & Pet Urgent Care
18610 East Rittenhouse Road, Building B
Queen Creek, AZ 85142

September 2, 2021

Tracy A. Riendeau, CVT
Investigative Division
Arizona State Veterinary Medical Examining Board
1740 West Adams Street
Suite 4600
Phoenix, Arizona 85007

22-10, In Re: Megan Buscema, DVM

Dear Ms. Riendeau,

"Tony" Odiorne presented to our clinic on August 6, 2021. Tony's owner, David Odiorne, reported that Tony was coughing up mucus, which started the morning prior. Mr. Odiorne reported that the coughing has occurred chronically, which waxes and wanes over the past two years, but has not ceased recently. Tony had been seen by a veterinarian previously for coughing and no diagnosis was made.

I performed a complete physical exam of Tony and made the following observations:

Attitude: Bright, alert, responsive

Hydration status: Euhydrated

Body condition: 5/9

Eyes: OU: Bright, clear; mild tear staining OU

Ears: AU: Minimal ceruminous discharge, no erythema noted; full otic exam not performed.

Mouth: 3/4 Tartar, 2/4 PD

Heart: Normal heart rate and rhythm; no arrhythmias; 3/6 murmur, strong synchronous femoral pulses

Lungs: Very sensitive to tracheal palpation; roughened bronchovesicular sounds in all 4 quadrants.

Gastrointestinal: Soft, comfortable; no significant findings

Urogenital: No significant findings

Musculoskeletal: Ambulatory x4; all limbs and joints palpate normally; spinal palpation normal; appropriate muscle mass
Integument: Normal coat and skin
Lymph nodes: All peripheral LNs palpate normally
Neuro: Bright, cranial nerves intact, spinal reflexes intact, no CP deficits noted, no ataxia noted

I noted that Tony was coughing and had tracheal sensitivity on light palpation. Because of the murmur and roughened lung sounds auscultated during the exam, I became concerned about possible heart disease, collapsing trachea, or infectious causes. An estimate was presented to the owner with the recommendations of bloodwork, radiographs, radiograph consultation with board certified radiologist, and in-house Valley Fever testing. Mr. Odiorne authorized bloodwork, radiographs, and the in house Valley Fever Testing.

Bloodwork revealed mild leukocytosis, mild neutrophilia, mild basophilia, mild hyperglobulinemia, mild to moderate elevation in GGT, and mild elevation in Total Bilirubin. In house Valley Fever testing returned back as negative. Due to the elevations in liver enzyme and total bilirubin, I recommended pursuing abdominal ultrasound to evaluate gallbladder and repeating bloodwork to evaluate liver enzymes and function.

Radiographs revealed cardiomegaly, with increased opacity surrounding the heart, with no tracheal deviation present. The trachea appeared to be slightly narrowed in the images obtained. Radiographic consultation was recommended and declined by Mr. Odiorne during this visit.

I discussed with Mr. Odiorne the possibility of collapsing trachea given the clinical signs and the slight narrowing presented on images. I told Mr. Odiorne this is a dynamic process that may not be visualized fully on radiographs. I also discussed with Mr. Odiorne the bloodwork and the radiographic imaging findings and I expressed concern that Tony may have heart disease given the presence of the murmur and the radiographic findings. I recommended that Tony be seen by a cardiology and made a referral to Dr. Paige at Valley Veterinary Cardiology. I also recommended, and with Mr. Odiorne's approval, administered injections of Butorphanol and Cerenia for their antitussive effects. I wrote an outside prescription for Pimobendan and a prescription for Cough Tabs were filled in the hospital. I recommended that Mr. Odiorne follow up with referring veterinarian or cardiologist for continued care. A technician returned to the exam room to discuss medications and to discharge the patient. There were no additional questions or concerns raised by Mr. Odiorne at this time of discharge.

We attempted to send Mr. Odiorne an email summarizing the clinic visit, physical exam findings, and therapeutic plan. However, due to a typographical error, we had the wrong email address for Mr. Odiorne. Records were also sent to Mr. Odiorne's referring veterinary hospital (Ironwood Animal Hospital) and Mr. Odiorne was seen there subsequently. I was not made aware of the messages or other lines of communication that Mr. Odiorne was sending to the hospital in regard to make contact with me.

Mr. Odiorne's allegations are not supported by the facts and the records show that I have not committed any violations of the Veterinary Practice Act or the Veterinary Medical Examining Board's Administrative Rules. As such, I respectfully request that this complaint be dismissed.

All records associated with this incident, as well as copies of the radiographic images, are attached to this letter.

Sincerely,

Megan Buscema, DVM

Gilbert Queen Creek Emergency Veterinarian & Pet Urgent Care

Douglas A. Ducey
- Governor -



Victoria Whitmore
- Executive Director -

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vetboard.az.gov

INVESTIGATIVE COMMITTEE REPORT

TO: Arizona State Veterinary Medical Examining Board

FROM: PM Investigative Committee: Adam Almaraz - Chair
Amrit Rai, DVM
Steven Dow, DVM
Gregg Maura
Justin McCormick, DVM – **Absent**

STAFF PRESENT: Tracy A. Riendeau, CVT
Marc Harris, Assistant Attorney General

RE: Case: 22-10

Complainant(s): David Odiorne

Respondent(s): Megan Buscema, DVM (License: 8107)

SUMMARY:

Complaint Received at Board Office: 8/11/21

Committee Discussion: 1/11/22

Board IIR: 2/16/22

APPLICABLE STATUTES AND RULES:

Laws as Amended August 2018

(Lime Green); Rules as Revised

September 2013 (Yellow)

On August 6, 2021, "Tony," a 6-year-old male Poodle mix was presented to Respondent on emergency for a moderate to severe recurring cough. An exam and diagnostics were performed – radiographs revealed cardiomegaly and a narrowing of the trachea. Blood work revealed liver changes.

After reviewing the findings with Complainant, butorphanol and cerenia were administered, and the dog was discharged with a written prescription for pimobendan and cough tabs. Respondent also recommended pursuing an abdominal ultrasound to evaluate the liver and gall bladder, and a cardiologist for possible heart disease.

Complainant was expecting Respondent to return to the exam room with her recommendations which would include referral to a cardiologist. Complainant was then advised that Respondent was busy and would email him later in the day.

Complainant did not receive the information and corresponded via text message with staff regarding his concerns in the following days.

On August 10, 2021, the dog was presented to the primary care veterinarian for a

recheck and follow up from the emergency visit.

Complainant was noticed and did not appear.

Respondent was noticed and appeared telephonically. Attorney David Stoll was present.

The Committee reviewed medical records, testimony, and other documentation as described below:

- Complainant(s) narrative: *David Odiorne*
- Respondent(s) narrative/medical record: *Megan Buscema, DVM*
- Consulting Veterinarian(s) narrative/medical records: *Kimberly Draper, DVM*

PROPOSED 'FINDINGS of FACT':

1. On Friday, August 6, 2021, the dog was presented to Respondent on emergency due to a moderate to severe recurring cough. Complainant reported that the dog coughed on and off for the past two years. In the past the dog's cough would last a couple days, then go away. The dog began coughing the previous day and started coughing up mucous. Upon exam, the dog had a weight = 17.8 pounds, a temperature = 101.5 degrees, a heart rate = 110bpm, and a respiration rate = 32rpm. Respondent noted the dog had a grade 3/6 heart murmur; very sensitive to tracheal palpation; and roughened bronchovesicular sounds in all four quadrants. She wanted to rule out heart disease vs Valley Fever vs collapsing trachea.

2. Respondent recommended blood work, in-house Valley Fever and thoracic radiographs; Complainant agreed. The Valley Fever screening was negative; the abnormal blood results were as follows:

GLOB	3.8	2 – 3.6
GGT	49	0 – 14
T. BILI	0.6	0.0 – 0.5
WBC	17.95	6 – 17
NEUTS	15.59	3.62 – 12.30
BAS	0.15	0 – 0.12

3. Respondent noted cardiomegaly was present on the radiographs with increased opacity around the border of the heart. There was also possible narrowing of the trachea.

4. Respondent discussed the findings with Complainant as well as diagnostic and treatment options. She explained that given the dog's clinical signs and radiographic evidence of heart disease she recommended referral to a cardiologist. Additionally, due to the dog's elevated liver enzymes, Respondent recommended referral to pursue an abdominal ultrasound to investigate if there was any underlying liver or gallbladder disease.

5. The dog was administered butorphanol 10mg/mL, 0.8mLs IV; and Cerenia 10mg/mL, 0.8mLs IV. Respondent provided a written prescription for Pimobendan 2.5mg, 60 tablets; give 1 tablet by mouth every 12 hours and prescribed Cough Tabs, 25 tablets; give ½ tablet

by mouth once every 4 – 6 hours.

6. According to Complainant, Respondent advised that she would prepare some recommendations, which would include referral to a cardiologist and would return shortly to discuss them. An hour later, staff returned with medications for the dog and advised that Respondent was too busy to speak with them but would email the recommendations later in the day. Complainant stated he was not given an opportunity to ask questions or discuss follow up, prognosis, etc.

7. According to Respondent, she reviewed her findings with Complainant, recommended the dog be seen by a cardiologist and made a referral to Dr. Paige. She also recommended medications that had antitussive effects, which Complainant approved (butorphanol and cerenia). Respondent further prescribed Pimobendan and Cough Tabs. According to Respondent, she recommended Complainant to follow up with primary care veterinarian or the cardiologist for continued care. Technical staff returned to the exam room to discuss the medications and to discharge the dog. There were no additional questions or concerns raised by Complainant at the time of discharge.

8. Respondent stated that they attempted to send Complainant an email summarizing the clinic visit, physical exam findings, and therapeutic plan, however there was a typographical error and they had the wrong email address for Complainant. Records were also sent to Complainant's referring veterinary hospital.

9. Complainant received a text following up on the dog after the emergency visit. Complainant texted back advising that he had not received the email with Respondent's findings, recommendations, and radiographs as promised. The dog was prescribed heart medication but Complainant did not know the purpose, there were no recommendations regarding the gall bladder ultrasound, nor follow up recommendations regarding the possible collapsing trachea. Staff responded that the radiographs were sent to the email – which Complainant found in his spam folder. They also stated that they would inform Respondent to reach out to Complainant.

10. On Monday, August 9, 2021, Complainant stated that he still had not heard from Respondent and sent a text message to the premises. He received a response that Respondent was aware he wanted to be contacted and would do so when she had an opportunity.

11. According to Respondent, she was unaware of the messages or other lines of communication that Complainant was sending to the premises in attempts to make contact with her.

12. On August 10, 2021, the dog was presented to Dr. Draper at Ironwood Animal Hospital, the primary care veterinarian, for a follow up visit and recheck. Complainant advised Dr.

Draper that he had not started the Pimobendan as he wanted a second opinion. Dr. Draper examined the dog and noted a grade 2-3/6 heart murmur, cough on tracheal palpation, and grade 2+ - 3 dental disease.

13. Dr. Draper reviewed the blood work and radiographs that were provided from Respondent's evaluation of the dog. She could not appreciate cardiomegaly on the radiographs and was of the opinion that the heart images revealed a normal cardiac waist, no tracheal elevation, and normal cardiac vasculature. Dr. Draper noted that there may have been some mild mediastinal thickening present and the lungs had a mild bronchiolar-interstitial pattern and tracheal size and diameter was normal but there may be a redundant dorsal tracheal membrane present.

14. Complainant reported that the cough had not improved. Dr. Draper explained that the cough could be due to the tracheal membrane causing a dynamic tracheal narrowing or an infectious or allergic bronchitis. With the mild elevated neutrophils, she suspected the cough was likely infectious. Complainant declined repeat thoracic radiographs therefore Dr. Draper offered treatment for a possible infectious tracheitis and/or bronchitis with antibiotics and an antihistamine and recommended a recheck exam in 7 – 10 days.

15. The dog was discharged with Clavamox and Zyrtec. Dr. Draper recommended a cardiologist to work up the heart murmur – which was declined – and discussed a diet for weigh control. She further advised that starting the Pimobendan would not be detrimental to the heart, but did not think it would be clinically beneficial at this time.

16. On August 24, 2021, the dog's cough was nearly resolved on the antibiotics. Repeat radiographs remained the same from Respondent's. Complainant declined repeat blood work at that time.

17. There is information in the medical record that appears to be discharge instructions that includes referral contact information from Respondent from the August 6, 2021 visit. However, it appears that Complainant did not receive the information until August 11, 2021 after the email address was corrected (see screenshot of computer entry). Complainant had already filed the Board complaint.

COMMITTEE DISCUSSION:

The Committee discussed that there was a lapse in communication between the front office staff and Respondent with respect to follow up. Changes have been made to correct these issues.

With respect to the medical care, some Committee members felt Respondent was in a hurry and were concerned that Respondent started the dog on pimobendan right away. The Committee did not feel the radiographs supported a cardiac issue at the time the dog was

seen. However, some Committee members felt Respondent's choice to start pimobendan was not an issue. Cardiomegaly is subjective; the current treatment for heart issues is to start pimobendan and wait to start on Enalapril.

Every premises could improve their communication skills - emergency facilities are chaotic. In this case, there was no harm done to the pet and the errors were caught and corrected right away.

Although the Committee did not feel there was a violation, they recommended the Board consider a Letter of Concern with respect to communication.

COMMITTEE'S PROPOSED CONCLUSIONS of LAW:

The Committee concluded that no violations of the Veterinary Practice Act occurred.

COMMITTEE'S RECOMMENDED DISPOSITION:

Motion: It was moved and seconded the Board:

Dismiss this issue with no violation.

Vote: The motion was approved with a vote of 4 to 0.

The information contained in this report was obtained from the case file, which includes the complaint, the respondent's response, any consulting veterinarian or witness input, and any other sources used to gather information for the investigation.

TR

Tracy A. Riendeau, CVT
Investigative Division